CITY OF BOSTON

Minority/Women Business Enterprise Office One City Hall Plaza, Room 800 Boston, MA 02201

MINORITY BUSINESS UTILIZATION FORM

Name and Number of Project: Total Dollar Amount of Base Bid:	
Name of General Bidder:	
Address:	
Telephone #:	
provide and the approximate amount of m MBE intend to work together on the abo Minority Participation Section of the O Minority/Women Business Participation Construction Contracts." If the MBE is no Application completed by the non-certification completed by th	Scope of work to be performed and/or supplies to be provided:
Phone:	Amount:\$
MBE AND THE GENERAL CONTRACTOR IS SIGNING ON	ENALTIES OF PERJURY. A PRINCIPAL OF THE FOR MUST SIGN THIS FORM. IF THE GENERAL BEHALF OF THE MINORITY BUSINESS, D AND DATED BY A PRINCIPAL OF THE MBE. Minority Business Enterprise
General Contractor	wimority business Enterprise
Signed:	Signed:
Title:	Title:
Date:	Date:
*Please attach additional forms if other MBE I	Enterprises are needed.

NOTE: This Form must be submitted by the General Contractor to the M/WBE Office within five (5) business days after notification from the Awarding Authority.

CITY OF BOSTON

Minority/Women Business Enterprise Office One City Hall Plaza, Room 800 Boston, MA 02201

WOMEN BUSINESS UTILIZATION FORM

Name and Number of Project:	
Total Dollar Amount of Base Bid:	
Name of General Bidder:	
Address:	
Telephone #:	
provide and the approximate amount of mo WBE intend to work together on the above Minority Participation Section of the Cit Minority/Women Business Participation Construction Contracts." If the WBE is not Application completed by the non-certifie	ess Enterprise), the services and/or supplies it will mey it will receive. The General Contractor and this enamed project in accordance with the terms of the ey of Boston "Boston Residents Jobs Policy and Compliance Contract Supplement for Bid Award listed in the City of Boston Directory, a Certification of WBE must be filed with the Minority/Women Women Business Office, One City Hall Plaza, Room ication by the Awarding Authority. Scope of work to be performed and/or supplies to be provided:
Phone:	Amount:\$
MBE AND THE GENERAL CONTRACTO CONTRACTOR IS SIGNING ON	NALTIES OF PERJURY. A PRINCIPAL OF THE DR MUST SIGN THIS FORM. IF THE GENERAL BEHALF OF THE WOMEN BUSINESS, AND DATED BY A PRINCIPAL OF THE WBE
General Contractor	Women Business Enterprise
Signed:	Signed:
Title:	Title:
Date:	Date:
*Please attach additional forms if other WBE En	terprises are needed.

NOTE: This Form must be submitted by the General Contractor to the M/WBE Office within five (5)

business days after notification from the Awarding Authority.